

Please type a plus sign (+) inside this box

PTO/SB/05 (12/97)

Approved for use through 9/30/000 OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/90/10
U.S. PTO
1003 U.S. PTO
09/826874

04/06/01

Utility Patent Application Transmittal <small>(only for nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No	SUND 198	DATE	April 6, 2001
	Inventor(s) . GAU, Shyh-Pyng			
	TITLE.	METHOD AND CIRCUIT FOR GLITCH-FREE CHANGING OF CLOCKS HAVING DIFFERENT PHASES		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Patent Application Fee Determination Record (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 22] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) Figures 1-12B [Total Sheets 14]</p> <p>4. Oath or Declaration [Total Sheets 2] <input checked="" type="checkbox"/> Newly executed (original or copy)</p>		
<p>ACCOMPANYING APPLICATION PARTS</p> <p>5. <input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet [Total pages 4]</p> <p>6. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Total Pages] [Total References]</p> <p>7. <input type="checkbox"/> Preliminary Amendment [Total Pages]</p> <p>8. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>9. <input type="checkbox"/> Small Entity Assertion</p> <p>10. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) The rights of priority are claimed under 35 U.S.C. § 119 of Taiwanese Application No. 89106478 Filed April 7, 2000</p> <p>11. <input type="checkbox"/> Other: _____</p>		

18. CORRESPONDENCE ADDRESS

If there is no check attached, or the check is made out for an insufficient amount, please charge any deficiency to our Deposit Account No. 18-0002 and notify us accordingly.

Steven M. Rabin

NAME	Steven M. Rabin (Reg. No. 29,102) - Rabin & Champagne, P.C.			
CUSTOMER NUMBER	23995			
COUNTRY	USA	TELEPHONE	(202) 659-1915	FAX (202) 659-1898

Burden Hour Statement. This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <i>Sund 198</i>						
CLAIMS AS FILED - PART I					OTHER THAN SMALL ENTITY						
(Column 1) (Column 2)					SMALL ENTITY OR						
FOR		NUMBER FILED		NUMBER EXTRA		RATE FEE					
BASIC FEE (37 CFR 1.16(a))		*		*		\$ _____					
TOTAL CLAIMS (37 CFR 1.16(e))		17 minus 20 =		* 0		x \$ _____ =					
INDEPENDENT CLAIMS (37 CFR 1.16(b))		2 minus 3 =		* 0		x _____ =					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ _____ =		TOTAL _____				
* If the difference in column 1 is less than zero, enter "0" in column 2					OR TOTAL 710		RATE FEE				
CLAIMS AS AMENDED - PART II					OTHER THAN SMALL ENTITY		SMALL ENTITY OR				
(Column 1) (Column 2) (Column 3)					ADDITIONAL FEE		ADDITIONAL FEE				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE			
		Total (37 CFR 1.16(e))		* Minus		** =		x \$ _____ =		RATE	
		Independent (37 CFR 1.16(b))		* Minus		*** =		x _____ =		ADDITIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		TOTAL _____		ADDITIONAL FEE		
(Column 1) (Column 2) (Column 3)					ADDITIONAL FEE		ADDITIONAL FEE		ADDITIONAL FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE			
		Total (37 CFR 1.16(e))		* Minus		** =		x \$ _____ =		RATE	
		Independent (37 CFR 1.16(b))		* Minus		*** =		x _____ =		ADDITIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		TOTAL _____		ADDITIONAL FEE		
(Column 1) (Column 2) (Column 3)					ADDITIONAL FEE		ADDITIONAL FEE		ADDITIONAL FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE			
		Total (37 CFR 1.16(e))		* Minus		** =		x \$ _____ =		RATE	
		Independent (37 CFR 1.16(b))		* Minus		*** =		x _____ =		ADDITIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		TOTAL _____		ADDITIONAL FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231